PTO/SB/21 (12-97)

Se type a plus sign (+) inside this box : Approved for use through 9/30/00 OMB 0651-0031

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Please type a plus sign (+) inside this box 🙃

Under the Paperwork Reduction Act of 1995, no persons are required control number.	Application Number	09/844,083
TRANSMITTAL	Filing Date	April 27, 2001
FORM	First Named Inventor	OLIVER NICKEL
(To be used for all correspondence after initial filing)	Group Art Unit	1771
	Examiner Name	Victor S. Chang
Total Number of Pages in This Submission	Attorney Docket Number	101769-100 / tesa 721- KGB
Total Number of Fages		

otal Number of Fages		
F	NCLOSURES (check all that apply)	
		☐ After Allowance Communication
I Fee Transmittal Form	☐ Assignment Papers (for an Application)	to Group
☐ Fee Attached Management / Response	☐ Drawing(s)	☐ Appeal Communication to Board of Appeals and Interferences
☐ After Final	☐ Licensing-related Papers	☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
☐ Affidavits/declaration(s)	☐ Petition	☐ Proprietary Information
図 Extension of Time Request	☐ To convert a Provisional	
☐ Express Abandonment Request	Application Approx Revocation	☐ Status Letter
☑ Information Disclosure Statement	☐ Power of Attorney, Revocation Change of Correspondence Address	☐ Additional Enclosure(s) -(please identify below):
☐ Certified Copy of Priority Document(s)	☐ Terminal Disclaimer	RECE
☐ Response to Missing Parts/ Incomplete Application	☐ Small Entity Statement ☐ Request for Refund	RECEIVEL AUG 2 3 2002 TC 1700
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks:	TC 1700
	TURE OF ABPLICANT, ATTORNEY	
SIGNA		
Firm <i>or</i> Individual name	Kury G. Briscoe, Esq. NORRIS WCLAUGHLIN & MARCI	US, P.A. Reg. No. 33,1
Signature	August 15, 2962	
Date	OF STIFICATE OF MAILING	
		first class mail in an
envelope addressed to the		
Typed or printed name		Date August 15, 2002
Signature	Juney depending upo	in the needs of the individual case. Any comments on the all emark Office, Washington, DC 20231. DO NOT SEND FEE

Burden Hour Statement: This form is estimated to the 0.2 yours to complete, time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sented the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO their Commissioner of Patents, Washington, DC 20231.

PTO/SB/17 (XX-XX)

Approved for use through 10/31/2002 OMB 0651-0032

Approved for use through 10/31/2002 OMB 0651-0032

Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Patent And Trademark Office U.S. DEPARTMENT

er the Paperwo	TDA	NISI	MITT	ΔΙ
FEE	for F	(143) (V 2)	002	,
	tor r	. 1 2		

Patent fees are subject to annual revision.

\$2	'n	Λ	M
•	/ч	и.	w

Co	mplete if Known	- CA
Application Number	09/844,083	Aly SI
Filing Date	April 27, 2001	702
First Named Inventor	OLIVER NICKEL	100
Examiner Name	V. Chang	
Group Art Unit	1771	
Attorney Docket No.	101769-100 / tesa AG	721-KGB

TOTAL AMOUNT OF PAYMENT	\$290.00	Atto	rney D	_		101/69-100/			
				FI	EE C	ALCULATION	(continue	ed)	
METHOD OF PAYMENT	narge 3	ADDI	TIONA	L FE	ES				
 The Commissioner is hereby authorized to cl indicated fees and credit any overpayments t 	o: Larg	ge Entity	Small Fee	Fee		Fee Desc	ription		Fee Paid
Deposit Account 14-1263	Co			- 66	5 Sur	charge - late filing	fee or oath	oo or cover	
Number		127	50 22		she			66 01 0010	
Account Name		139 13	30 13	9 13	0 Nor	n - English specific	ation r ov nade ref	examination	
Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17		147 2,5		7 2,52 2 920		filing a request fo	on of SIR price	or to Examine	
Applicant claims small entity status. See 37 CFR § 1.27		112 92			act	ion questing publication			
2 Payment Enclosed:		113 1,84	_	3 1,840	act	tension for reply w			110.00
Check Credit card Money Order	Other	1.0		16 20	nn Ex	tension for reply w	ithin second	month	
FEE CALCULATION		, , ,		17 4	60 Ex	tension for reply w	rithin third m	onth	
1. BASIC FILING FEE	1	118 1.	440 2	18 7	20 Ex	tension for reply v	vithin fifth ma	onth	
. Faith, Small Entity		128 1.	960 2			ktension for reply v	Alfulu man	Jii.	
Fee Fee Fee Fee Description Code (\$) Code (\$)	ee Paid	119	320 2	19 1	160 N	otice of Appeal	- + -f an ani	neal	
101 740 201 370 Utility filing fee		120	320	220 1	160 Fi	iling a brief in supp	OR OF ALL API	pear	
106 330 206 165 Design filing fee		121	280	221 '	140 R	equest for oral he	aring	ding	
107 510 207 255 Plant filing fee			,510	138 1,	510 P	etition to institute	a public use	proceeding	
The page 270 Paissue filing fee				240	55 F	Petition to revive - 1	navoidable		
no Devisional filing fee		140		240	640 F	etition to revive -	unintentional	1	
114 160 214 80 Provisional limity (65 2		141 1 142 1	,	241 242	640 L	Jtility issue fee (or	reissue)		
OLAIM EEES		143	460	243	230	Design issue fee			
2. EXTRA CLAIM FEES Fee from	Fee Paid		620		310	Plant issue fee			
Extra Claims below	= 0.00	144		122	130	Petitions to the Co	mmissioner		
Total Claims20** = 0 X Independent 3** = 0 X	= 0.00	122 123	130 50	123	50	Processing fee un	der 37 CFR	§ 1.17(q)	180.00
Claims Multiple Dependent] = []	126	180	126		Submission of Info Statement			180.00
Large Entity Small Entity Fee Fee Fee Fee Pee Description		581	40	581		Recording each p (times number of			
Code (\$) Code (\$) Claims in excess of 20		146	740	246		Filing a submission (37 CFR § 1.129			
103 84 202 42 Independent claims in	excess of 3	149	740	249		For each addition	al invention		
104 280 204 140 Multiple dependent cla		179	740	279	370	Request for Conf	inued Exam	mation (NCE)	
109 84 209 42 ** Reissue independer over original patent		169	900	169	900	Request for expe of a design appli	edited exami cation	nation	
110 18 210 9 ** Reissue claims in e and over original pa	tent	Oth	ner fee (specify))				
SUBTOTAL (2)	\$0,00	·Re	educed t	y Basic	c Filing	g Fee Paid	SUBTOT	AL (3)	\$290.0
**or number previously paid, if greater: For Refissor	les, see∕above	<u> </u>		_			Complete (ii	f applicable)	
SUBMITTED BY			Registi	ation N	lo.	33,141	Telephone		2) 808-0700
Name (Print/Type) KURT G. BRI	SCOE		(Attorne	y Agent)		Date	L	ST 15, 2002
Signature A.C.	Ď							L	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on